

# CONFINED SPACE ENTRY PERMIT AND RECORD SHEET

## GENERAL INFORMATION

PAGE 1 of \_\_\_\_\_

Permit No. \_\_\_\_\_

1. CONFINED SPACE LOCATION: _____	DATE/TIME ISSUED: _____ / _____
REASON FOR PERMIT: _____	DATE/TIME EXPIRES: _____ / _____
ENTRY LEAD PERSON: _____	

### 2. ENTRANT(S)

### 3. ATTENDANT(S)


### 4. STANDBY PERSON(S)

5. ☐ This is a **"PERMIT REQUIRED"** confined space entry. (All Sections of this form must be completed.)
- ☐ This is a **CERTIFICATE** for an **"ALTERNATE PROCEDURE"** confined space entry. (Complete Sections 1, 6, 10, and 13. Use Section 15, "Notes and Additional Comments," to justify "entry level.")
- ☐ This is a **CERTIFICATE** for a **"NON-PERMIT REQUIRED"** confined space entry. All hazards have been eliminated. (For "down-grades only," complete Sections 1, 6, and 13. Use Section 15, "Notes and Additional Comments," to justify "entry level.")

## 6. CONFINED SPACE PRE-ENTRY CHECKLIST

**CHECKLIST INSTRUCTIONS:** The Entry Lead Person shall answer and initial each checklist item as it is completed. The Entry Lead Person shall authorize work to begin by signing below, only after all checklist items have been appropriately addressed. The Entry Lead Person shall cancel the permit by signing below after work is completed, or as conditions arise that are out of compliance with the checklist.

	YES	N/A	INITIAL
A. Have all personnel been appropriately trained and instructed in Confined Space Entry procedures?			
B. Have emergency communication and action procedures been identified and explained?			
C. Has equipment been locked/blocked/tagged out (i.e., electrical, mechanical, process flow line, etc.)?			
D. If required, has a Hot Work Permit been obtained?			
E. Are the air blowers in the appropriate position and operating properly?			
F. Are the air blowers in use sufficient to maintain an atmosphere free of harmful vapors and gases?			
G. Has the gas detector been inspected for proper operation and is it calibrated?			
H. Is the space and surrounding area free of harmful vapors and gases?			
I. Has the appropriate fall protection/retrieval equipment been installed and inspected?			
J. Is the body harness in good condition and worn properly?			
K. Is a proper fire extinguisher available and inspected?			
L. Is explosion proof equipment required (i.e., lighting, radios, blowers, tools, etc.)?			
M. Is an appropriately maintained First Aid Kit available?			
N. Has the entry area been secured with barriers to prevent pedestrian traffic from entering the work site?			
O. Is vehicle traffic control equipment in place?			
P. Is other appropriate safety equipment being supplied and used (i.e., hard hats, waders, SARs, SCBA, etc.)?			

### 7. LIST POTENTIAL HAZARDS OF THE SPACE

### 8. LIST SAFETY EQUIPMENT REQUIRED


### 9. METHOD OF ATTENDANT & ENTRANT COMMUNICATION

### 10. METHOD FOR CONTACTING EMERGENCY SERVICES/RESCUE PERSONNEL


**11. ALL HAZARDS ASSOCIATED WITH THIS ENTRY HAVE BEEN APPROPRIATELY ADDRESSED. WORK IS HEREBY AUTHORIZED TO BEGIN.**

\_\_\_\_\_  
Entry Lead Person's Signature\_\_\_\_\_  
Date and Time

**12. CONFINED SPACE WORK IS COMPLETE. THIS PERMIT IS HEREBY CANCELED.**

\_\_\_\_\_  
Entry Lead Person's Signature\_\_\_\_\_  
Date and Time

# CONFINED SPACE ENTRY PERMIT AND RECORD SHEET (Continued)

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Permit No. \_\_\_\_\_

## 13. SAMPLING RESULTS (Permit Spaces Only)



Additional Sampling  
Results Attached.

EVENT	TIME	*PERCENT OXYGEN READING(%O <sub>2</sub> )	*PERCENT EXPLOSIMETER READING (% OF LEL)	*HYDROGEN SULFIDE READING (H <sub>2</sub> S ppm)	*CARBON MONOXIDE (CO ppm)	DETECTABLE ODORS	
						OBSERVED	DESCRIBE
<b>EXIT SPACE IF READINGS ARE:</b>		Greater than <b>23.5%</b> Less than <b>19.5%</b>	Greater than <b>9%</b> of the LEL	Greater than <b>9 ppm</b>	Greater than <b>24 ppm</b>	Yes/No	If Yes
Pre-Entry Readings							
Ventilation Started							
Entry Into PR Space							
Te + 1 hrs.							
Te + 2 hrs.							
Te + 3 hrs.							
Te + 4 hrs.							
Te + 5 hrs.							
Te + 6 hrs.							
Te + 7 hrs.							
Te + 8 hrs.							
NOTE: Gas detection equipment must be operational during the entire occupancy of a "Permit Required Confined Space" and an "Alternate Entry Procedure Confined Space."							

## 14. EMPLOYEE ENTRY/EXIT LOG



Additional Entry/Exit Log(s)  
Used and Attached.

NAME	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT

## 15. NOTES AND ADDITIONAL COMMENTS

**NOTE: THIS PERMIT MUST BE MAINTAINED IN YOUR DEPARTMENT FILES FOR NO LESS THAN ONE (1) YEAR**

\* If this is not a potential hazardous atmospheric condition, then testing for this condition is not necessary and an "NA" may be placed in the results space. If another hazardous atmospheric condition is present (i.e., welding fumes, excessive heat, toxic solvent vapors, etc.) a different air monitoring approach may be necessary. It is the responsibility of the Entry Lead Person to determine what hazardous conditions are actually present and to appropriately test for and address those conditions.